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## \*BIBDATASHEET\*

CONFIRMATION NO. 9176

Bib Data Sheet

SERIAL NUMBER 10/657,079	FILING DATE 09/09/2003  RULE	CLASS 434	GROUP ART UNIT 3714	ATTORNEY DOCKET NO. IMMR023/03US
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/237,969 01/27/1999  
 which claims benefit of 60/072,672 01/28/1998  
 and claims benefit of 60/105,661 10/26/1998  
 and claims benefit of 60/116,545 01/21/1999

*yes jzl*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/01/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i>	STATE OR COUNTRY VA	SHEETS DRAWING 14	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
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## ADDRESS

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COOLEY GODWARD LLP

ATTN: PATENT GROUP

11951 FREEDOM DRIVE, SUITE 1700

ONE FREEDOM SQUARE- RESTON TOWN CENTER

RESTON, VA

20190-5061

## TITLE

Interface device and method for interfacing instruments to medical procedure simulation systems

☐ All Fees

<p>FILING FEE</p> <p>RECEIVED</p> <p>870</p>	<p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>No. _____ for following:</p>	<div><input type="checkbox"/> 1.16 Fees ( Filing )</div> <div><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</div> <div><input type="checkbox"/> 1.18 Fees ( Issue )</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div>
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